



Branson Convention & Visitors Bureau

14th Annual Military Reunion Planners Conference MAY 14-17, 2019

OFFICIAL APPLICATION & PROFILE

Today's Date: _____ Contact Name: _____

One Guest: Yes No Guest Name: _____

Mailing Address: _____

City: _____ St: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Name of Reunion: _____

Reunion website: _____

Handicap room: Yes No Special Needs/Dietary or Other: _____

\$99.00 Attendee/Planner (1 person) \$149.00 per couple (2 people sharing same room)

Deadline to submit your application and profile information is **Friday, April 12, 2019**. You are responsible for your own transportation to and from Branson. **Please do not book air travel until you have received a letter of confirmation that you have been accepted.** Due to limited space, if you attended any Military Planners Conference in Branson in 2016 through 2019, we are not able to accept a reservation to our 2019 MRPC. There is a maximum of 2 planners per reunion and one room per reunion (example: 2 people / 1 room). Apply today! We may contact you for additional information. If your application is approved, you will receive a payment form to send in with your payment to participate, which is due by April 19, 2019.

I certify that I am the decision maker or designated planner for the above referenced military group's future reunion. My guest and I are over the age of 21 years of age. **I agree to participate in all activities of the conference.** My guest and I agree to allow the Military Reunion Planners Conference to use any photos taken of me or my guest during the conference for advertising, promotional, or publication purpose. My guest and I agree to hold the Military Reunion Planners Conference and participating businesses, their employees, or agents, harmless from and against all claims, demands, damages, liabilities, losses, costs or expense, including reasonable attorney fees for injuries to person or property resulting from participation in the 2019 Military Reunion Planners Conference. I understand that this is a business event for Adults, age 21 and over, and that children may not participate in this conference.

Signature: _____

The Military Reunion Planners Conference and participating businesses reserve the right to alter or cancel scheduled events as may be deemed necessary.
Please submit your registration form and profile information to:
Branson Convention & Visitors Bureau
ATTN: Julie Peters P.O. Box 1897 Branson, MO 65615
or E-mail to JPeters@BransonCVB.com or FAX 417-334-4139

2019 PROFILE INFORMATION

1. Organization/Association/Group Name: _____

2. Service: Army Navy Marine Air Force Coast Guard

3. ERA: WWII Korea Vietnam Gulf War/Afghan Other: _____

4. Has your group held its reunion in Branson? Yes No If yes, what year(s): _____
If yes, What hotel in Branson has your group used before? _____

5. How often are your reunions held: Annual 18 Months Biennial Other: _____

6. Will Branson likely be chosen for your reunion site within the next three years?

Definitely Likely Under Consideration No

7. How did you hear about our conference?

Website Postcard Mailing Trade Show RFN Magazine Other: _____

TELL US ABOUT YOUR NEXT UNBOOKED REUNION

8. Year: _____ Preferred Date: _____ / _____ 2nd Choice Date: _____ / _____

9. Branson definite, but not booked? Yes No When will location be selected? _____

10. What other cities are being considered? _____

11. Your reunion destinations are selected by:

Member Vote Committee President Reunion Planner Other _____

12. Usual Arrival Day of the Week: _____ 13. # of Nights _____ 14. # of Attendees _____

15. Number of Rooms Blocked _____ 16. Rate Range Desired \$ _____

17. Hospitality Room Required Yes No 18. Meeting Space Required Yes No

19. Banquet Yes No 20. If Banquet: Buffet Plated 21. Bar required? Yes No

22. Other functions or activities: _____

FUTURE REUNION LOCATIONS SELECTED

23. Month/Year/City: _____

24. Month/Year/City: _____

HISTORY OF LAST TWO REUNIONS

25. Date of most recent past reunion: _____ / _____ City: _____

Attendance: # of Rooms: _____ # of Attendees: _____

26. Date of second past reunion: _____ / _____ City: _____

Attendance: # of Rooms: _____ # of Attendees: _____

The Military Reunion Planners Conference and participating businesses reserve the right to alter or cancel scheduled events as may be deemed necessary.

Please submit your registration form and profile information to:

Branson Convention & Visitors Bureau

ATTN: Julie Peters P.O. Box 1897 Branson, MO 65615

or E-mail to JPeters@BransonCVB.com or FAX 417-334-4139